

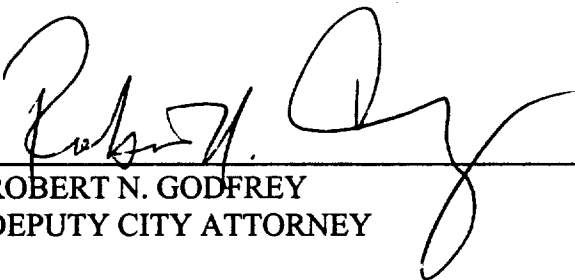
Entered - 09/27/00 - sb  
CL00L0573 - DIANNE C. MITCHELL

01-R-0024

CLAIM OF: **ARTHUR T. HUNTLEY, JR.**  
**4565 Heather Court, SW**  
**Atlanta, Georgia 30331**

For damages alleged to have been sustained as a result of a vehicular  
accident on September 5, 2000 at Peachtree Street and 6<sup>th</sup> Street.

THIS ADVERSED REPORT IS APPROVED

BY:   
\_\_\_\_\_  
ROBERT N. GODFREY  
DEPUTY CITY ATTORNEY

**DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY**

Claim No. 00L0573

Date: December 27, 2000

Claimant /Victim ARTHUR T. HUNTLEY, JR.

BY: (Atty)(Ins. Co.) \_\_\_\_\_

Address: 4565 Heather Court, SW, Atlanta, Georgia 30331

Subrogation: \_\_\_\_\_ Claim for Property damage \$ 3,589.33 Bodily Injury \$ \_\_\_\_\_

Date of Notice: 09/18/00 Method: Written, proper X Improper \_\_\_\_\_

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 09/05/00 Place: Peachtree Street and 6<sup>th</sup> Street

Department: Police Division: \_\_\_\_\_

Employee involved Dwayne R. Sutton Disciplinary Action: Pending

**NATURE OF CLAIM:** The driver of the City vehicle failed to yield right-of-way and collided with the claimant's vehicle causing damages in the above amount. However, the claimant has elected to receive payment for his damages through his insurance carrier.

**INVESTIGATION:**

Statements: City employee \_\_\_\_\_ Claimant \_\_\_\_\_ Others \_\_\_\_\_ Written \_\_\_\_\_ Oral \_\_\_\_\_

Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police X Dept Report \_\_\_\_\_ Other \_\_\_\_\_

Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

**BASIS OF RECOMMENDATION:**

Function: Governmental X Ministerial \_\_\_\_\_

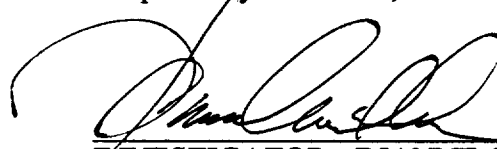
Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other \_\_\_\_\_ Damages reasonable \_\_\_\_\_

City not involved \_\_\_\_\_ Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_

Repair/replacement by Ins. Co. X Repair/replacement by City Forces \_\_\_\_\_

Claimant Negligent \_\_\_\_\_ City Negligent X Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,



INVESTIGATOR - DIANNE C. MITCHELL

**RECOMMENDATION:**

Pay \$ \_\_\_\_\_ Adverse X Account charged: 1A01 \_\_\_\_\_ 2J01 \_\_\_\_\_ 2H01 \_\_\_\_\_

Claims Manager: [Signature] Concur/date 12-28-00

Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK  
City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 9-17-00

Dear Municipal Clerk:

ENTERED - 9-17-00 - SB  
00L0573 - DIANNE MITCHELL

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 3589.33 property and/or \$ 0 bodily injury for which I contend the City is liable.

1. Date of incident: 9-5-00 2. Time of Incident: 1:56am 3. Police called: X  
(month/day/ year) Yes No
4. Location of incident (including street address): PEACHTREE ST, NE AND 6th ST NE
5. Name of your insurance company: USAA Policy No. 008516768C 710
6. State what and how incident occurred: While traveling south on peachtree st, I noticed the lights of the officers car (no siren, and I have two witnesses to verify). I was slowing to a stop, the officer failed to slow down or even yield to traffic possibly coming out of the one way street that he chose to enter. The corner is occupied by a huge building, therefore if someone would have been coming out of the one way, a head on collision would have result
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).  
Your vehicle: General Motors 1997 478XFR Arthur T. Huntley JR  
(Make) (Year) (Tag Number) (Driver's Name)  
City vehicle: Ford DWAYNE R. Sutton Atlanta Police Dept  
(Make) (City Driver's Name) (Department/Bureau)  
Atlanta, GA 404-589-2437  
Atlanta, GA 404-755-3482  
9. Witness: APRIL (Name) (Address) (Telephone Number)
10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Arthur T. Huntley JR  
Signature of Claimant

Arthur T. Huntley JR  
(Print Claimant's Name)

4565 Heather Ct, S.W  
(Address)

Atlanta, GA 30331  
(City, State and Zip Code)

404-213-4991  
(Work Number)

404-344-8083  
(Home Number)

01-R-0024